

Oconto County Assessment Data Request Form



Contact Information: (Please Print)

Requesting Organization / Company Name (If Applicable): _____
 Last Name _____ First Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____

Authorization: (The following signature represents and warrants that s/he is authorized to execute this document on behalf of the requesting organization/ entity)

Requestor Signature _____ Date _____

Data Identification: (Please Identify the Data being Requested)

Hard Copy Data Request: (Please check appropriate boxes)

	# of Documents	Total
<input type="checkbox"/> Assessors Work Roll (Per Municipality)	_____ x 20.00	= _____
<input type="checkbox"/> Alpha List (Per Municipality)	_____ x 10.00	= _____
<input type="checkbox"/> Physical Address List (Per Municipality)	_____ x 10.00	= _____
<input type="checkbox"/> Sanitary List (Per District)	_____ x 5.00	= _____
<input type="checkbox"/> Alpha List (County)	_____ x 60.00	= _____
<input type="checkbox"/> Physical Address List (County)	_____ x 60.00	= _____
<input type="checkbox"/> Labels	_____ x .05	= _____
<input type="checkbox"/> Change File Edit List	_____ x 25.00	= _____

Digital Data Request: (Please check appropriate boxes)

	Total
<input type="checkbox"/> Assessment Information (Per Municipality)	35.00 = _____
<input type="checkbox"/> Assessment Information (Per County)	50.00 = _____

Applications

	Total
<input type="checkbox"/> Combine Tax Parcel Form	20.00 = _____

Choose Delivery Method:

Email FTP Postal Pick Up

Remit Payment to:

Oconto County (LIS) Land Information Systems
 301 Washington St.
 Oconto, WI 54153

Postage = _____

Total Amount Due = _____

Staff Purposes Only

Request Received by: _____ Date _____

Authorized by: _____ Date _____

Bill Applicant Paid - Receipt Number: _____

Request Completed by: _____ Date _____

Request Delivered Via: Pick Up Postal FTP Email CD